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Cultural beliefs and breastfeeding duration of Thai working women

Pattaya Kaewsarn RN MN
Wendy Moyle RN PhD MHSc BN DipAppSc

Abstract

Breastfeeding's crucial role in infant health is universally recognised and yet there are a number of influences on the duration of breastfeeding. This quantitative study undertaken in Thailand explored whether personal beliefs and values influenced Thai working women's duration of breastfeeding. Ninety-nine Thai working mothers were asked to complete a questionnaire to explore the relationship between their cultural beliefs and their breastfeeding practices. Although the majority of the women undertook techniques based on their cultural beliefs, which they believed would encourage breastfeeding practice, the findings demonstrate that the women's cultural beliefs had no significant effect on the duration of their breastfeeding.

Keywords: breastfeeding, working mothers, culture, duration, Thailand


INTRODUCTION

Breast is best

It is widely acknowledged throughout the world that breastmilk is the best food for babies and that mothers should be encouraged to breastfeed their infants for as long as possible (Burroughs 1997, Institute of Medicine 1991, WHO/UNICEF 1990). Despite public acknowledgment of the advantages and benefits of breastfeeding there are still women who bottle-feed rather than breastfeed. There are groups of women, in particular working mothers, who may find it difficult to continue breastfeeding for as long as non-working mothers because of the role demands of work outside the home, household demands and mothering (Auerbach 1987). Since Thailand's industrial section recruited women for employment outside the home, Thai working women have not been exempted from this predicament (Vinyam 1998, Yoddumnern et al 1992). Thus, with more and more Thai women working in paid employment concern is raised that breastfeeding has become less popular than bottle-feeding. This concern is supported by public recognition that the number of working mothers who bottle-feed has doubled in recent years (Asian Development Bank 1997, Winikoff & Castle 1988). Thus, it is imperative that an understanding of the influences on breastfeeding are researched as a means of finding ways to encourage women to continue to breastfeed their infants.

Winikoff and Laukaran (1989) found that Thai mothers' infant feeding practices have been influenced by artificial formula advertising, in particular in Bangkok which has the highest level of artificial formula commercial advertising in Thailand. They found that over 83% of the mothers in their study recalled infant formula advertising with the mean number of brands recalled being almost eight per woman. The most common response from mothers who commenced their child on formula was that bottles were added because of perceived problems with milk production or satisfaction of the child. Furthermore, Winikoff and Laukaran (1989) concluded that the type of woman who was more likely to receive samples of formula was (i) highly educated, (ii) had worked prior to delivery, (iii) gave birth in a private hospital and (iv) did not room in with her infant.

Thai society

Breastfeeding is a traditional method of infant feeding in Thailand. The basic structural units of Thai society are extended
and nuclear families. The former unit is usually comprised, in total or in part, of maternal grandparents, parents, married or unmarried daughter and son. The elderly in Thai society are highly respected. Immediately after delivery, women undergo a week-long rigorous 'Yu Fai' (lying by the fire) ritual, which symbolically represents the state of maturation (Richter et al 1992, Yoddumern et al. 1992). Traditional postnatal care also requires mothers to abstain from certain foods, notably hot, spicy foods. The recommended diet restricts mothers to rice and dried salted fish, drinks of tonic wine, eating tonic food cooked with ginger and wine vinegar, and avoiding fruit and vegetables (Goh 1990, Smuckern & Breazeale 1988). There is little known about postnatal care and breastfeeding practices in Thailand and whether women continue these traditional beliefs upon entering the outside work force.

Thai people live in a society that values children highly and as a result values women as wives and mothers (Richter et al. 1992). Thai culture supports breastfeeding. However, there are declining numbers of Thai working women who breastfeed because of the decline in the extended family and financial problems. Some families are forced to send their babies to their own parents or relatives to be cared for while the parents return to the work force (Asian Development Bank 1997, Smuckern & Breazeale 1988). In spite of these social changes there are indications that a positive attitude towards breastfeeding still exists in Thailand (Richter et al. 1992). On the other hand, negative attitudes towards breastfeeding can be found in reactions to women who breastfeed in public (Sirikulchayanonatana 1991). For example, Asian women find it embarrassing to expose their breasts while breastfeeding, as the breast is considered to be a sexual object in Thai culture (Dugards 1990). To encourage breastfeeding, there is a need to challenge these attitudes and to look for ways of helping Thai women breastfeed their infants. Studies which explore the factors impacting on the length of breastfeeding may be important in helping to increase the numbers of Thai women who breastfeed.

Traditional beliefs and breastfeeding duration

The relationship between traditional beliefs and breastfeeding duration has been investigated in countries such as the USA (Lawrence 1994), Canada (Ellis 1982), Australia (NMAA 1990, Rice 1994), New Zealand (Vogel 1998), China (Fok 1996), Hong Kong (Chee 1996) and Israel (Bergman & Feinberg 1981). These studies conclude that there are a number of factors influencing the duration of breastfeeding. One such factor is traditional belief. As countries have different practices, health professionals and/or promotional programs need to be concerned with traditional belief systems.

As the countries discussed above have different social and religious climates to Thailand, many of the factors found in such studies may not be relevant to women in Thailand. There is a paucity of studies investigating the duration of breastfeeding in Thailand. Vimyiam (1998) investigated the health of Thai working women who breastfed their infants. She found that the difficulties of combining breastfeeding and work affect women's physical and emotional health. Furthermore, she concluded that women who weaned their babies when they returned to work often developed guilt feelings about leaving their babies and wanting them. This paper explores the facet of cultural beliefs and breastfeeding duration as a means of understanding why Thai women stop or continue to breastfeed their infants when they return to paid employment.

METHOD

A questionnaire constructed by Kaewsarn (1998), written in English and then translated into Thai was used to collect the study data. The questionnaire was trialled in a pilot study with five Thai women. Ambiguities were identified and questions revised on the basis of the women's feedback. A second trial was conducted, again with the same five women to ensure the problems were eliminated, before the questionnaire was presented to a convenience sample of 99 Thai women living in Ubon Ratchathani province, Thailand. The questionnaire asked the participants to respond to both open and closed questions that enquired about their duration of infant feeding, cultural background and any traditional techniques they adopted to encourage breastfeeding practice.

Three Thai research assistants contracted by Kaewsarn collected the data in Thailand during a three-month time period in 1998. Regular communication with the researcher was encouraged by telephone, facsimile and email. All questionnaires were returned to the researcher for analysis of data. The data collectors explained the purpose of the study and personally asked women to participate in the study. They gave the women an information letter and the questionnaire to complete while they were waiting for their appointment at one of three mothers and babies clinics in Ubon Ratchathani province, Thailand. If the participants could not read or understand the questions, the data collectors provided more explanation to them.

Thai mothers who were eligible to participate in the study had (1) given birth to a single live baby within the previous 18 months, (2) were breast feeding or had breastfed their baby, (3) were working in paid employment, and (4) were attending one of three clinics in Ubon Ratchathani province, Thailand.

The costs associated with the data collection and the time frame in which the researcher had to collect the data constrained the number of participants selected for this study. As the response rate to the questionnaire was anticipated to be high, because participants were personally asked by the assistants to complete the questionnaire, the research assistants were requested to administer 100-120 questionnaires. The assistants gave out 110 questionnaires; 11 were ineligible as ten of the returned questionnaires were not complete and one participant was not eligible as she had twins. Thus, data from 99 completed questionnaires was analysed.

The quantitative data was analysed using a statistical computer package. A correlation matrix was computed for the independent variables and a T-test was used to identify the relationship between the Thai working mothers' traditional beliefs and their breastfeeding practice (Argyrous 1996).

RESULTS AND DISCUSSION

The women who participated in this study came from a wide variety of backgrounds, working and family conditions. Although the number of participants limits the results of the study, the study has strength in securing data from women from a variety of backgrounds. The demographic data of the participants is shown in Table 1.
The age of the infants and the duration of breastfeeding that infants received is shown in Table 3.

Table 3: Age of infant and duration of breastfeeding

<table>
<thead>
<tr>
<th>Description of participants</th>
<th>Mean</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of days worked per week (days)</td>
<td>5.6</td>
<td>5-7</td>
</tr>
<tr>
<td>Number of hours worked per day (hours)</td>
<td>8.4</td>
<td>4-18</td>
</tr>
<tr>
<td>Length of maternity leave (months)</td>
<td>1.8</td>
<td>0.2-3</td>
</tr>
</tbody>
</table>

The wide range of working hours that these women worked (4-18 hours) is interesting to note. Balancing breastfeeding and working 18 hours a day must make it difficult for women to combine the role of working woman and breastfeeding mother even if there is a flexible working situation. The time for rest, sleep, feeding and relaxation with the infant, as well as a family relationship, is limited by such long working hours. In spite of the relatively short length of maternity leave (mean 1.8 months), compared to the mean duration of breastfeeding shown in Table 3 (6.9 months), Thai mothers are attempting to fulfill these roles. Further investigation of the types of support required by breastfeeding women who work may help to identify means by which women can be supported to continue to breastfeed.

The age of the infants and the duration of breastfeeding that infants received is shown in Table 3.

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Different communities and countries may adopt different traditional techniques for breastfeeding for their own purposes and beliefs (Dugards 1990). Thai women are no different and may adopt any number of cultural techniques following childbirth (Rice 1994). The Thai working women in this study, who adopted one or more special techniques (as outlined in Table 4) after giving birth, adopted these techniques in the belief that they would assist with their breastmilk volume or that the technique would help them to quickly rehabilitate following childbirth. Table 4 shows the types of techniques adopted by the Thai women and the numbers of women who adopted these techniques.

Table 4: Traditional techniques adopted by the participants (n=99 for each category)

<table>
<thead>
<tr>
<th>Traditional techniques adopted by participants</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lying by the fire (Yu Fai)</td>
<td>72</td>
</tr>
<tr>
<td>Drink and eat only hot food</td>
<td>73</td>
</tr>
<tr>
<td>Avoidance of some kinds of food</td>
<td>60</td>
</tr>
<tr>
<td>Do not go outside after dark</td>
<td>8</td>
</tr>
<tr>
<td>Do not exercise or work hard</td>
<td>6</td>
</tr>
</tbody>
</table>

Although the women undertook these traditional techniques as a means of assisting their breastfeeding practice, the study results show that the techniques adopted did not have a significant effect on the duration of the women's breastfeeding. However, the results show that mothers who adopted traditional beliefs breastfed their children longer than mothers who did not adopt traditional techniques. Table 5 demonstrates that 79 mothers (79.7%) who adopted at least one of the traditional techniques (as outlined in Table 4) breastfed their children for a mean duration of seven months. Twenty mothers (20.2%) who did not adopt the traditional techniques breastfed their children for a mean duration of 6.7 months. When analysed by T-test these results did not show a statistically significant relationship between the traditional techniques adopted by the mothers and the duration of their breastfeeding ($P=0.7333$).
Sources of influence of traditional techniques

It is interesting to note that although the adoption of such techniques did not have a significant effect on the duration of the mothers' breastfeeding practice, the women were encouraged by their cultural tradition to adopt the techniques. The adoption of the techniques was encouraged by several elements (see Figure 1). Their mothers or mothers-in-law mainly influenced the majority of the women (67%), fathers and fathers-in-law (24%) and neighbours (21%) also had a major influence on mothers’ adoption of traditional techniques after giving birth. This result is important to note as in many cultures males are often forgotten by their cultural tradition to adopt the techniques. The adoption of the techniques did not have any physiological effect on the production of breastmilk. Although this study did not set out to investigate the psychological and physiological support of such techniques, the authors conclude that the paucity of research into this area suggests that further investigation is warranted.

Table 5: Relationship between adoption of traditional beliefs and the duration of breastfeeding

<table>
<thead>
<tr>
<th>Adoption of traditional beliefs by participants</th>
<th>Mean duration of breastfeeding (months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (n=79)</td>
<td>7</td>
</tr>
<tr>
<td>No (n=20)</td>
<td>6.7</td>
</tr>
</tbody>
</table>

The authors acknowledge the limitations of the questionnaire used in this study in not being able to distinguish between the exact number of techniques each woman adopted. Nevertheless, the study has highlighted the importance to Thai women of maintaining traditional beliefs. It is important that the traditional belief systems are considered when educating women about breastfeeding techniques.

While the techniques adopted may have provided the women with the comfort of psychological support and encouragement (Sirikuchayanonta 1991) the techniques themselves appear not to have had any physiological effect on the production of breastmilk. Although this study did not set out to investigate the psychological and physiological support of such techniques, the authors conclude that the paucity of research into this area suggests that further investigation is warranted.

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Figure 1: Sources of influence of traditional techniques adopted after giving birth (n=99 for each category).
The establishment and duration of breastfeeding.


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